

# FY16 Frequently Asked Questions - Employee Health Plans

## All Travis County Health Plans

	Question	Answer
1	What is a Calendar Year Deductible and how does it affect me?	The Calendar year deductible is the amount of eligible charges you are responsible for paying <u>before</u> the plan starts paying its coinsurance. <i>If there is a copayment shown that service does not apply towards the deductible which means you do not have to meet the deductible before that service is covered. (example: office visit copays and pharmacy copays)</i>
2	What is the Medical Out of Pocket maximum and how does it affect me? All Plans.	<b>\$3500 per Individual to a maximum of \$7000 per Family for health expenses.</b> The out of pocket maximum is the maximum amount of out of pocket expenses you could possibly incur in one calendar year. If you should meet the out of pocket maximum, the plan will pay 100% for remainder of the calendar year. You can think of it as your “safety net”. Deductibles, copays, and coinsurance amounts track toward the out of pocket. Pharmacy out-of-pocket expenses have a separate maximum are not included in this amount.
3	Do I need to be on the PPO in case I need to go to a specialized facility like MD Anderson?	No, the UnitedHealthcare (UHC) networks for all three plans provide access to “Centers of Excellence” which are the premier facilities that provide transplants, cancer treatment etc. with the best providers and best outcomes. MD Anderson is a center of excellence for example.
4	What is Case and Disease Management?	Case and Disease Management are unique programs for individuals who are living with a chronic conditions or dealing with complex health care needs. The program provides a high level of support, educational tools, and telephone access to a registered nurse who is assigned to employees and their families. They can tell employees more about the benefits available to them, offer information about a wide range of health issues and direct them to UnitedHealth Premium® and Centers of Excellence network physicians and facilities. These resources can help individuals better manage chronic conditions such as diabetes and asthma, or other serious illnesses, including cancer.
5	Is coverage for the Travis County Employee Health Clinic included when I enroll in a Travis County health plan?	<b>Yes.</b> If you receive services from the Travis County Employee Health Clinics, you are not required to pay any copay, coinsurance or deductible. Coverage for the clinics is included when you enroll in one of the health plans. Members age 10 and older are eligible to schedule an appointment at one of the three clinic locations; Downtown, Airport Blvd and Del Valle. To schedule an appointment or for more information call 512-854-5509.
6	Does the County have a health and wellness program?	<b>Yes</b> , it is the CARE Program! The CARE program is a comprehensive program offering resources to help you be successful in the self-management of your health by providing education of available resources and tools to help you maintain or improve health, or to reduce your risk of disease.  CARE is an acronym for: <b>C</b> heckups, <b>A</b> Healthy Outlook, <b>R</b> egular Exercise, and <b>E</b> ating Right  For more information contact us: Phone: 512-854-CARE(2273) Email: CAREProgram@traviscountytexas.gov Website: <a href="http://traviscentral/care/">http://traviscentral/care/</a>

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7	Are preventive services covered at 100% on all three health plans?	<p><b>Yes.</b> The Affordable Care Act requires plans to make certain important preventive services available without having to pay copays, coinsurance or deductibles. Some examples of preventive services covered by this provision include well baby and well child care, blood pressure, diabetes and cholesterol screening, screenings for health issues such as smoking, depression and alcohol abuse, routine vaccinations and immunizations, and even hearing screenings. The provision also covers screening mammograms and screening colonoscopies. To find specific care guidelines for you and your family click on the following links.</p> <p><a href="http://www.uhcpreventivecare.com/">http://www.uhcpreventivecare.com/</a>  <a href="https://www.healthcare.gov/preventive-care-benefits/">https://www.healthcare.gov/preventive-care-benefits/</a></p>
8	Is there a hearing aid benefit?	<p><b>Yes.</b> Starting October 1, 2015, all three plans will provide an allowance for hearing aids for eligible members. The benefit is a \$1,000 allowance per three years and members must meet the UHC medical guidelines to be approved. UHC also offers a discount on two types of hearings aids. The</p>
9	Who is available to help me if I have questions on medical or pharmacy claims issues, or how the plan works?	<p>You have several resources available to you for assistance.</p> <ul style="list-style-type: none"> <li>• UHC Advocate4me 1-866-649-4873</li> <li>• UHC Nurseline 1-800-846-4678</li> <li>• <a href="#">Envision RX</a> (pharmacy) 1-800-361-4542</li> <li>• <a href="#">Deer Oaks Employee Assistance Program</a> (EAP) 1-866-327-2400</li> <li>• HRMD- Benefit Staff 512-854-0404</li> <li>• Travis County Employee Health Clinic (512-854-5509)</li> <li>• UHC Onsite Health Coach- 512-854-5509 (Becky Howell)</li> </ul>

Travis County EPO Plan		
	Questions	Answers
1	What Changes are being made to the EPO Plan?	<ol style="list-style-type: none"> <li>1. <b>Calendar year deductible</b> is increasing from \$300 to <b>\$500</b></li> <li>2. <b>\$1000 hospital admission copay</b> instead of \$100 @ day for first four days.</li> <li>3. <b>Emergency Room copay increasing</b> from \$175 to <b>\$200</b>.</li> <li>4. <b>Outpatient surgery copay</b> is increasing from \$200 to <b>\$500</b> per surgery.</li> <li>5. <b>Removal of fourth quarter deductible carryover</b></li> <li>6. <b>New Hearing aid benefit- \$1000</b> allowance towards purchase of hearing aid at any provider every 3 years. UHC medical criteria will apply. UHC has a discount program available as well.</li> </ol>
2	Do I need to use a network provider on the EPO plan?	<p>Yes, you must stay in the UHC Choice network, as there is no out of network benefit on EPO. You will pay 100% of any out of network charges you may incur, so always try to stay in network. You can search providers by calling UHC Advocate4Me help line, on <a href="http://www.myuhc.com">www.myuhc.com</a> or through the Health4Me mobile application.</p>
3	Why is the EPO more expensive?	<p>The EPO requires a higher contribution rate because the coinsurance is 100%. This means that after any deductible or copays are paid, the plan then pays 100% of the balance. This is considered a very rich plan, but it costs more to provide due to the 100% coinsurance.</p>

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4	Does the EPO pay for better services or better doctors since it is more expensive?	No, all three plans cover the same services, and doctors, just the level of coverage and monthly premiums vary by plan.
5	How does the pharmacy program work?	<p><b>EnvisionRx is the Pharmacy Benefit Manager (800-361-4542)</b></p> <p><b>Pharmacy costs are not subject to the calendar year deductible or medical out of pocket limits but have a separate out of pocket limit.</b>            \$2500 per Individual to a maximum of            \$5000 per Family for pharmacy expenses.</p> <p><b>Retail Co-pays for a 30 day supply</b></p> <ul style="list-style-type: none"> <li>• Generic - \$10</li> <li>• Preferred Brand - \$30</li> <li>• Non Preferred Brand - \$50</li> </ul> <p><b>Mail Order or 90 day supply retail/2 copays</b></p> <ul style="list-style-type: none"> <li>• Generic - \$20</li> <li>• Preferred Brand - \$60</li> <li>• Non Preferred Brand - \$100</li> </ul>

Travis County PPO Plan		
	Questions	Answers
1	What Changes are being made to the PPO Plan?	<ol style="list-style-type: none"> <li>1. <b>PPO plan co-insurance</b> is changing from 90/10% to <b>85/15% (in-network)</b>. Which means plan will pay 85% and you will pay 15% after \$500 deductible is met.</li> <li>2. <b>PPO plan co-insurance</b> is changing from 70/30 to <b>60/40% (Out of network)</b>. Which means plan will pay 60% and you will pay 40% after \$1500 out of network deductible is met.</li> <li>3. <b>Office visit copays (in network) decreasing to \$25 primary care, and \$40 specialist</b> from \$30 and \$45</li> <li>4. <b>Emergency Room copay</b> increasing from \$150 to <b>\$200</b>.</li> <li>5. <b>Urgent care facility copay decreasing</b> from \$45 to <b>\$40</b></li> <li>6. <b>Removal of fourth quarter deductible carryover</b></li> <li>7. <b>New Hearing aid benefit- \$1000</b> allowance towards purchase of hearing aid at any provider every 3 years. UHC medical criteria will apply. UHC has a discount program available as well.</li> </ol>
2	How does the pharmacy program work?	<p><b>EnvisionRx is the Pharmacy Benefit Manager (800-361-4542)</b></p> <p><b>Pharmacy costs are not subject to the calendar year deductible or medical out of pocket limits but have a separate out of pocket limit.</b>            \$2500 per Individual to a maximum of            \$5000 per Family for pharmacy expenses.</p> <p><b>Retail Co-pays for a 30 day supply</b></p> <ul style="list-style-type: none"> <li>• Generic - \$10</li> <li>• Preferred Brand - \$30</li> <li>• Non Preferred Brand - \$50</li> </ul> <p><b>Mail Order or 90 day supply retail/2 copays</b></p> <ul style="list-style-type: none"> <li>• Generic - \$20</li> <li>• Preferred Brand - \$60</li> <li>• Non Preferred Brand - \$100</li> </ul>

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Travis County Consumer Choice Plan		
	Questions	Answers
1	Is this a new plan?	<b>Yes it is a new plan</b> , with features from the Co-Insured EPO and PPO blended together. The plan design introduces some consumer driven plan design features. The Co-Insured EPO is discontinued.
2	Does this plan have an in and out of network plan design.	<b>Yes it does</b> , however you always save money if you stay in network whenever you can.
3	What is different with this plan?	<ol style="list-style-type: none"> <li>1. <b>Deductible is \$500</b> in network, reduced from \$700. Out of network deductible is \$1,500.</li> <li>2. <b>This is a “first dollar plan” which means you are responsible for meeting the calendar year deductible before the plan pays for any services.</b></li> <li>3. <b>There are no copays on this plan.</b></li> <li>4. Plan coinsurance is 80/20% in network, and 60/40% out of network. There is an out of network option.</li> <li>5. Fourth quarter deductible carryover remains in place on this plan for 2016. Any amounts you incur towards your deductible in October, November and December of 2015 will rollover to the 2016 accumulators.</li> <li>6. <b>New Hearing aid benefit- \$1000</b> benefit towards purchase of hearing aid at any provider every 3 years. UHC criteria will apply. UHC has a discount program available as well.</li> </ol>
4	What is a Calendar Year Deductible and how does it affect me?	The Calendar year deductible is the amount of eligible charges you are responsible for paying <u>before</u> the plan starts paying its coinsurance. <i>There are no copayments on this plan. All services are subject to the deductible.</i>
5	How can I find out how much services cost?	UHC has tools and resources available to search and shop for healthcare services. The <b>UHC Cost Estimator</b> allows you to search for the contracted discounted cost by provider or facility and will show you the estimated out-of-pocket expense. You can access the estimator through the Advocate4Me phone line, <a href="http://www.myuhc.com">www.myuhc.com</a> or through the Health4Me mobile application. Since you are responsible for the deductible and 20% of the costs, shopping and comparing providers can directly impact your out-of-pocket costs.
6	Could I use the Medical Flex Spending Account to pay for the deductible and coinsurance out-of-pocket expenses?	<b>Yes</b> , you can elect to set aside money in a Medical Flexible Spending Account. The money is deducted on a pre-tax basis and you are eligible to use your full annual election beginning on the first day of the plan year (Oct 1). The funds can be used for eligible out-of-pocket medical, dental, and vision expenses among others. Keep in mind, the flex rules have a use-it or lose-it provision so it is important to properly fund and estimate expenses.

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8	How does the pharmacy program work?	<p><b>EnvisionRx is the Pharmacy Benefit Manager (800-361-4542)</b></p> <p><b>Pharmacy costs are not subject to the calendar year deductible or medical out of pocket limits but have a separate out of pocket limit.</b></p> <p>\$2500 per Individual to a maximum of \$5000 per Family for pharmacy expenses.</p> <p>There are no pharmacy copays, but there are minimums and maximums amounts that you would be required to pay.</p> <p><b>Minimums and maximums</b></p> <ul style="list-style-type: none"> <li>• <b>Generic</b> 20% (\$5 min/\$35 maximum)</li> <li>• <b>Preferred Brand</b> 20% (\$20 min/\$100 maximum)</li> <li>• <b>Non Preferred Brand</b> 20% (\$40 min/\$200 maximum)</li> </ul>
9	How do I find out what the medication will cost before I fill it?	<p>Once enrolled on the Consumer Choice plan, you will be able to search the medication cost by pharmacy by logging in to your account at <a href="http://www.envisionrx.com">www.envisionrx.com</a> or by calling Envision at 800-361-4542. Since medications have different prices at different pharmacies, researching the cost beforehand may save you on your out of pocket expense.</p>